

Outbreak #

Environmental's Name -

	Specimen Location (Facility)	Specimen type (Enviromental, Food, etc.)	Sample Collection Location (exact location, such as drain #1)	Date of Collection	Date of Submission	Bureau of Clinical Labs Use Only
1						
2						
3						
4						
5						

Outbreak #

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	Specimen Location (Facility)	Specimen type (Enviromental, Food, etc.)	Sample Collection Location (exact location, such as drain #1)	Date of Collection	Date of submission	Bureau of Clinical Labs Use Only
6						
7						
8						
9						
10						

Outbreak #

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11						
12						
13						
14						
15						

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16						
17						
18						
19						
20						

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21						
22						
23						
24						
25						

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26						
27						
28						
29						
30						